

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004468 (2)

1. Corporation Name

MARCUS & MILLICHAP INCORPORATED OF FLORIDA

Principal Place of Business

1 E BROWARD BLVD., #700
FT LAUDERDALE FL 33301

Mailing Address

1 E BROWARD BLVD., #700
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1996	3a. Date of Last Report N/A
4. FEI Number 94-3245218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 110 S.E. Sixth Street
Suite, Apt. #, etc.

22 Suite #2450

City & State

23 Ft. Lauderdale - FL

Zip

24 33301

Country

2a. Mailing Address

26 777 California Ave
Suite, Apt. #, etc.

27

City & State

28 Palo Alto - CA

Zip

29 94304

Country

30 Santa Clara

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MILICHAP, WILLIAM A
STREET ADDRESS 2626 HANOVER ST.
CITY-ST-ZIP PALO ALTO CA 94304

TITLE VD ☐ DELETE

NAME GREEN, HARVEY E
STREET ADDRESS 2626 HANOVER ST.
CITY-ST-ZIP PALO ALTO CA 94304

TITLE SD ☐ DELETE

NAME KUKKOLA, NANCY E
STREET ADDRESS 2626 HANOVER ST.
CITY-ST-ZIP PALO ALTO CA 94304

TITLE T ☐ DELETE

NAME NIELSEN, ERIC W
STREET ADDRESS 2626 HANOVER ST.
CITY-ST-ZIP PALO ALTO CA 94304

TITLE DC ☐ DELETE

NAME MARCUS, GEORGE M
STREET ADDRESS 2626 HANOVER ST.
CITY-ST-ZIP PALO ALTO CA 94304

TITLE SD ☐ DELETE

NAME BARKAN, RANDALL I
STREET ADDRESS 2626 HANOVER ST.
CITY-ST-ZIP PALO ALTO CA 94304

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (4/97)